

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency



Administrative Issuance: CFSA - 08-6

TO: All CFSA and Collaborative Staff

FROM: Audrey L. Sutton, Deputy Director, Program Operations

DATE: August 1, 2008

RE: CFSA and Healthy Families Thriving Communities Collaboratives Partnership for Community-Based Services

The Partnership for Community-Based Services is a specific practice protocol for in-home service delivery for children and families served by the Child and Family Services Agency (CFSA) and the Healthy Families Thriving Communities Collaboratives (HFTC). Its vision states that *"Every child in the District of Columbia shall live in a safe, stable, permanent home, nurtured and supported by healthy families, strong communities, and a coordinated cohesive child welfare system of care."*

The Partnership emphasizes a child-centered, family-focused, and community-connected approach to in-home services. To effectively implement this model, all ten (10) CFSA in-home units (supervisors and social workers) will be located with the HFTC Collaboratives. This strategic placement of CFSA social workers with family support workers (FSWs) from the Collaboratives will enable increased and successful cross-agency and cross-system coordination on behalf of families and children.

This administrative issuance outlines the roles and responsibilities of CFSA and HFTC staff collaborating to provide services and case management within the Partnership for Community-Based Services. If you have any questions about this administrative issuance, please contact the Deputy Director for Program Operations.

Teaming

When a Child Protective Services (CPS) investigation determines that a child can safely remain at home with services, the family is referred either to the Collaboratives or to an on-going unit within CFSA for services. These services are most effectively received and utilized when members of the family's team have a shared vision of the family's situation and of what must be done to reach positive outcomes and safe case closure. As part of the teaming effort, the following core activities and helping behaviors are expected to be shared by CFSA and the HFTC Collaborative staff:

- Responsibility for engaging a child's entire family, including fathers and paternal family members.
- Initiation and facilitation of family meetings where decisions and the plan for the child (ren) is (are) left in the hands of the family (when appropriate).
- Focused efforts to help the family identify underlying causes of their challenges, and identifying services to help them overcome those challenges.

- Help for each family to assess their needs and strengths, and giving developmental feedback while simultaneously guiding family members to try new strategies and solutions.
- Empowering family members to generate their own solutions through active participation in the development and implementation of the case plan, including coordination of services that are needed to meet the family's goals, requirements for safe case closure, time frames, and rights and responsibilities for desirable outcomes.
- Work successfully with fathers in the wide range of family situations and structures, including those who may be incarcerated.
- Visit the family regularly to ensure child safety, child-family engagement in services, and effectiveness of services for promoting positive change.
- Advocate for and with a family with other agencies, schools and businesses, and review services with the family to make sure that the services still fit as the family's needs and strengths change.

Engaging Families

Teaming to engage a family shall always include efforts made jointly by the CFSA In-home staff and the Collaborative staff. Although both shall work together to build a strong, trusting, productive, and lasting therapeutic relationship, the following primary responsibilities shall remain with the CFSA in-home worker:

- Case staffing with CPS
- Investigative case summary review
- Data entry and demographic updates in FACES
- Notification to family and collaterals of names/contact information of assigned CFSA social worker and/or Collaborative worker
- Explanation to family of current court involvement (if necessary)

Joint responsibilities shall include the following steps for engaging families:

1. Together the CFSA social worker and the Collaborative FSW shall make face-to-face contact to discuss the investigation with the family within seven (7) days of the case staffing. Fathers must be included, if appropriate. If the location of the father is unknown, both workers shall combine efforts to initiate a diligent search for the non-resident fathers within 30 days of the case assignment. The same shall apply for locating other maternal and paternal family members.
2. Within one (1) week of the case staffing, an "engagement" meeting set for a specific amount of time shall be scheduled with the family to firmly establish the engagement process, to get a general idea of the family situation, to verify the number of family members (including names, dates of birth, etc.) to discuss frequency of contact/visits, and to explore helpful community connections (e.g., faith and/or culture). *Note: both the CFSA social worker and the Collaborative family support worker shall obtain parental consent to contact key people for additional information to help the referral process (releases for substance abuse treatment, school records, mental health, etc.)*
3. The professional helping relationship shall be defined by the partnering workers at the beginning of the engagement process. The CFSA social worker and the Collaborative FSW shall jointly produce and share with the family a written document with clear roles for each member of the team, including the family and, as appropriate, the CFSA and Collaborative staff.
4. Shared decision-making shall include all parties making choices that are consistent with the mission of safety, permanence and well-being for each child and their caregiver. Families shall be made aware of their power to choose to participate in services.

5. Client-satisfaction surveys shall be provided to families during family group conferences in order to solicit feedback.
6. The family, CFSA social worker, and the Collaborative FSW shall hold each other accountable for their role in making the relationship work.

If a family chooses not to engage in services, the following steps shall be taken:

1. The CFSA social worker shall discuss alternative methods of engaging the family in group supervision or team conferences.
2. The CFSA social worker shall propose to the family that a family group conference or family team meeting be held.

Assessing Families

The family, CFSA social worker, and Collaborative FSW shall have an open discussion to explore the family's current situation, including parenting issues, safety risks, needs (including financial, housing, employment, etc.), strengths, concerns, accomplishments, and perspective on the family's current situation.

1. Families shall be informed by both partnering workers that information is being gathered for the purpose of guiding the case planning process and further identifying needs and strengths. The tools will not be completed in their presence, but the results will be shared with them during discussions for creating the case plan.
2. Both workers shall seek additional information or contacts to inform the assessment, including but not limited to school and personnel records, mental health records, medical records, and/or any records of referrals for current or past services that may or may not have been helpful, etc.
3. When assessing families, both the CFSA social worker and the Collaborative FSW shall listen intently to the parents' perceptions of how/why they are involved with CFSA, including fears, expectations, readiness for change, and mobilization of additional supports.
4. Both partnering workers shall review the safety plan created by CPS and/or develop a new safety plan tailored to the family's current needs.
5. Referrals for specialized assessments are the responsibility of both partnering workers.
6. Results of all assessments shall be shared with families during team meetings and/or case planning discussions.
7. When families disagree with the results of the assessments or the needs and services that have been identified, a review shall take place with the family and the CFSA and Collaborative staff and supervisors.
8. All disagreements or differing opinions between a family and a social worker or Collaborative FSW shall be routed through the CFSA and Collaborative supervisors.

All assessments must be kept on file in the case record.

1. CFSA social workers shall complete and review structured decision-making assessments with families.
2. The completed assessments shall be reviewed by the CFSA and Collaborative supervisors for approval.

3. CFSA supervisors shall discuss the assessments in case reviews.
4. CFSA supervisors shall provide coaching on the quality of the completed assessment tools.
5. CFSA social workers shall discuss criteria for case closure directly with the family.

Case Planning

To coordinate the case management responsibilities of CFSA and the Collaborative agencies, a number of procedures must be implemented:

1. Although it is the CFSA social worker's primary responsibility to develop case plan ideas with the family, the partnering workers shall jointly develop one comprehensive case plan to ensure that families are receiving consistent services. The CFSA social worker shall update the case plan in FACES every six months (or more frequently as needed).
 - a. The case plan should be developed through a family group conference or meeting of the child and family team attended by the CFSA social worker, the Collaborative FSW, the appropriate supervisory staff from both CFSA and Collaborative, and the family members.
 - b. The family group conference or meeting of the child and family team shall be conducted during the first 30-60 days of the case to develop a single case file for both CFSA and the Collaborative. Roles and responsibilities shall be assigned accordingly.
 - i. Together, the team shall evaluate the resources available to the family (e.g., natural support systems: community supports, extended family members, etc.) and ways to use the resources to meet the family's goals.
 - ii. Regular case record reviews shall determine appropriateness, effectiveness, comprehensiveness, responsiveness and timeliness of interventions. Supervisory review of case progress shall ensure that goals and objectives are linked to positive outcomes for families and safe case closure.
 - iii. General and/or emergency services (for food, bus tokens, clothing vouchers, etc.) shall be jointly reviewed by the partnering workers.
 - iv. The Collaborative FSW shall be responsible for monitoring the agreed-upon services through Efforts to Outcomes (ETO).
2. Each case shall consist of co-team leaders who shall be the primary representatives for the family and the Partnership. In all cases, at least one team leader shall be a member of the family and the second team leader shall be a CFSA social worker.
3. Team meetings for case review shall occur on a quarterly basis (or more frequently in the case of an emergency as determined by the team leaders), and shall involve a core of multidisciplinary team members in devising and reviewing case plans, and assessing progress every quarter.
4. Case plans must be documented in FACES and a signed copy kept in a hard record file. Case plans should be signed by mothers and fathers; services for all family members should be identified in case plans. CFSA and Collaborative case records shall be reconciled every 30 days until the case is closed.

The CFSA social worker shall have primary responsibility for meeting with staff from other agencies involved in the case to ensure that all team members are working toward the same goal. The CFSA social worker shall also have primary responsibility for ensuring services are provided as needed, including emergency placement needs if necessary.

Quality Home Visitation

When children remain at home with their caregivers, it is the caregivers' primary responsibility to ensure that the children's physical, emotional, medical and educational needs are met. CFSA social workers and Collaborative FSWs are charged with partnering with the family to increase the likelihood that these needs are being met. Conducting quality home visits is an important method for achieving this objective, particularly when it is met by a positive relationship and strong partnership with the family. During each home visit, the In-home staff shall continually build upon the partnering relationships. Every visitation shall incorporate the following elements:

1. The partnering workers shall meet three (3) times (minimum) a month with the family and children (at least one of those visits shall occur in the home) in order to discuss progress, parent-child interactions, safety, and any risk factors related to the family, household, and community environment.
2. Both the CFSA social worker and the Collaborative FSW shall encourage and facilitate the family's active participation in identifying other family resources to assist in parenting and modeling a nurturing relationship. Positive parenting skills and healthy parent-child interactions shall be encouraged at all times.
3. Children and youth shall be interviewed at least once a month, separately from the parents, to assess their perception of stability and safety.
4. Partnering workers shall assist caregivers with an understanding of child development stages and activities that promote healthy development, including prenatal care and child health and development.
5. Partnering workers shall promote parental self sufficiency, independence, empowerment and stability through assistance in accessing community services, job training, household budgeting, homemaker services, etc.

Safe Case Closure

The In-home workers can begin the safe case closure process after the family has consistently demonstrated the appropriate competencies (as defined in the case plan drafted by the family's team of CFSA and Collaborative workers and family members) and the family has demonstrated the ability to solve problems related to daily living and parenting using their own skills and/or external supports over a period of at least two months. Both the CFSA social worker and Collaborative FSW should meet with the family to discuss case closure. For high/intensive risk families, the CFSA social worker shall be primarily responsible for the following case closure activities:

1. Visit the family within five (5) days of case closure.
2. Interview each child of appropriate age and complete a risk assessment instrument documenting low or moderate-risk.
3. Discuss with the family the progress of their treatment plan and the most recent case review to identify specific gains.
4. Assist the family with locating appropriate support services.

5. Complete a safe case closure summary, including:
 - a. How the case came to CFSA attention
 - b. History of case including service provision
 - c. Description of current state of family and reason for closing case
 - d. Documentation of the family's goals
 - e. Documentation of the family's strengths and the family needs
 - f. Documentation of decreased risk as determined by SDM tools
 - g. Documentation of support systems and resources for the family
 - h. Follow-up plan regarding service recommendations
 - i. Signature of social worker, supervisor, and family representative
6. Send case closure letter to family and service providers.
7. Participate in a case transition staffing prior to case closure if being referred to the Collaborative for on-going services.

For families choosing to make themselves unavailable for In-home services, the Agency must demonstrate diligent efforts to contact and serve the family before it can justifiably pursue case closure. In the event that an allegation of child maltreatment is *not* substantiated, but case transfer to a CFSA In-home unit is still necessary because of the high or intensive risk, the following shall be required of the CPS worker before the case is transferred to an In-home unit:

1. Completed investigation.
2. Investigation findings are unfounded or inconclusive.
3. A child is in the home.
4. No abuse or neglect legal proceedings regarding the current investigation.
5. Initial risk assessment scores the family as high or intensive risk (See Investigations Policy, Attachment B, Assessment Criteria).
6. Parent/guardian must agree to services and have signed the Authorization to Refer and Disclose Information to Child and Family Services Agency.

Within the first 30-day period that the case has been open with an In-home unit, In-home staff shall be responsible for attempting between 3-to-4 home visits to engage the family, in addition to sending a certified letter to the family's home informing them of CFSA's offer to provide services. If this 30-day period ends without contact from the family, the case may be closed.

For families with a substantiated allegation of abuse/neglect, the following shall be required of In-home staff BEFORE case closure within the first 90 days:

If no one is home or family cannot be located:

1. Leave a notification letter in the family's primary language (if known) at the home, requesting contact within 24 hours. (only for neglect reports)
2. Visit to the child/ren's neighborhood school or school if enrollment is known (or a request should be made to the DCPS Penn Attendance Intervention Center (202-541-6411) or Douglass Attendance

Intervention Center (202-698-2461) if enrollment is unknown); *efforts should also be made to reach the emergency contact person on file with the school*

3. Interview neighbors, resident managers, or landlords to confirm the address or determine the whereabouts of the family. If family is no longer residing at the address, obtain a forwarding address when possible
4. A *minimum* of three (3) unannounced home visits at different times within a 48 hour timeframe with at least one visit between the hours of 8pm - 8am
5. Mailing of a certified letter, in the family's primary language, to the last known address, referral address, or address listed on the ACEDS and/or SPIS report requesting the family's cooperation
6. Contact with the Metropolitan Police Department (MPD) Truancy Officers to request assistance in gaining access to family (when allegations warrant and there has been involvement with the family)
7. Request that MPD check their database for any involvement with the particular family or address
8. Referral to the Diligent Search Unit within 1 week if family has not responded and follow-up on the results of diligent search; *No case shall be closed without receipt and follow-up on diligent search results*
9. Consult with Assistant Attorney General (AAG) staff to determine if Pre-Petition Custody Order is warranted
10. Check with other governmental agencies for possible involvement, including the Department of Mental Health, the Department of Human Services, Income Maintenance Administration, etc.
11. NO cases where the family cannot be located shall be closed without review and approval of the assigned Program Manager.

If a family refuses to cooperate:

1. Contact In-Home Supervisor immediately
2. Contact MPD for assistance
3. Contact CFSA's Office of General Counsel to determine whether a Pre-Petition Custody Order is appropriate
4. Convene a case staffing to determine plan of action
5. Complete Pre-Petition Custody Order, if appropriate

CFSA and Collaboratives staff shall function as a multidisciplinary team for devising and reviewing safe case closure summary.

1. Identify support networks that shall provide attention, support and after-care services after formal case closure.
2. Participate in final case review cycle prior to case closure.

3. Refer low or moderate risk cases to Collaboratives prior to case closure based on the following criteria:

CASES FROM CPS

- a. Completed investigation;
- b. All children remain in the home;
- c. No court involvement;
- d. Initial risk assessment scores the family as low or moderate risk; and,
- e. Family/parent must agree to services and have signed an Authorization to Refer and Disclose Information to Healthy Families Thriving Community Collaborative form.

CASES FROM IN-HOME

- a. All children remain in the home;
- b. No court involvement;
- c. Case has been open at least 90 days;
- d. Risk reassessment scores the family as low or moderate risk at the time of referral; and
- e. Family/parent must agree to services and have signed an Authorization to Refer and Disclose Information to Healthy Families Thriving Community Collaborative form.

The designated Collaborative FSW shall assume primary responsibility for the following case closure activities for low or moderate risk level cases referred by CFSA to the Collaboratives:

1. For engaged families that have achieved their identified goals, the case shall be closed upon completion of the following procedures:
 - a. Collaborative FSW reviews case file with their supervisor to ensure that family goals have been completed and case closure is appropriate.
 - b. Collaborative FSW begins the termination/case closure process with family, which consists of home visits, letter correspondence, and telephone calls.
 - c. Collaborative FSW reviews the family's case for a final time in the case review cycle.
 - d. Supervisor reviews closing summary and case file.
 - e. Collaborative FSW sends case closure letter to CFSA referring social worker (or Collaborative Liaison office).
2. For families that are unable to be engaged, the case shall be closed upon completion of the following procedures:
 - a. Conduct a staffing/conference with the supervisor to discuss the family.
 - b. Attempt at least three home visits (scheduled and unscheduled).
 - c. Send either regular or certified letters to family informing them of their service options and to request the family's response.
 - d. Notify the referring CFSA social worker through telephone and/or email of the difficulty in engaging the family.
 - e. Collaborative FSW and CFSA social worker shall attempt a joint home visit to engage family.
 - f. If the family refuses services or is not responsive within the first 30 days of Collaborative case responsibility, the case shall be closed.
 - g. Collaborative FSW sends case closing letter to CFSA referring social worker (or Collaborative Liaison office).

Note: These steps and strategies are not intended to be exhaustive, and are subject to varying approaches based on the family. Safe case closure cannot occur until the supervisor has provided formal consultation and approval to the In-home staff.

Supervision

CFSA and Collaborative supervisors shall identify families for joint case peer reviews where there are significant areas of concern or lack of clear direction. Supervisors shall assure that workers are acting as facilitators with multiple community providers and the family's support network.

1. Supervisors shall ensure that In-home staff and all community providers work closely with all members of the family to identify the family resources for purposes of goal setting.
2. The CFSA and Collaborative supervisors, CFSA social worker, and the Collaborative FSW shall have a joint staffing within 7 days of case assignment.
3. Supervisors shall ensure that the In-home staff meet to identify roles.
4. Supervisors shall ensure that the In-home staff convene a team meeting with family members within 30 days of case assignment.
5. During supervision, the social worker, Collaborative FSW, and CFSA and Collaborative supervisors shall strategize to achieve safe case closure.
6. The Collaborative FSW and the CFSA social worker shall meet at least monthly with their supervisors to review the family's progress.
7. Collaborative FSWs and social workers shall communicate to families that information will be shared equally and planning will occur jointly.
8. Supervisors shall ensure that the monthly joint supervisory sessions are scheduled and that everyone is available to participate.
9. Based on risk level decreases, shared families may be transferred to the Collaborative FSW.
10. When the family's progress resolves the concerns about risk or the family refuses services and there is no justification to mandate compliance, the team may decide to end services with the family.
11. Supervisors shall ensure that a case closure letter is sent to the family and all relevant providers.

Decisions shall be made jointly by the CFSA social worker, the Collaborative FSW, and their respective supervisors. In the event that disagreement occurs within the decision-making process of the team, the CFSA supervisor/program manager has final decision-making authority with regard to team recommendations for families active with CFSA. When the family is not active with CFSA, the Collaborative supervisor/director has final decision-making authority.

Mandated Reporting

In the District of Columbia, mandated reporters are those professionals obligated by law to report known or suspected incidents of child abuse or neglect. As part of this safety net that protects children, **ALL CFSA and HFTC staff members are mandated reporters.** Families should be informed at the very first contact that social workers and Collaborative FSWs are mandated reporters.

Each HFTC Collaborative may have its own policy about reporting, such as notifying a designated person in the organization who is responsible for calling the CFSA Hotline at (202) 671-SAFE). By law, however, it is every individual's responsibility to ensure that a report is made to CFSA. If you find no one has called CFSA, *you must* do so yourself. Both CFSA and Collaborative workers must report immediately when there is reasonable suspicion that an infant, child, or teen has been abused or is in immediate danger of being abused.

How to Report:

1. If abuse or neglect is suspected, the immediate supervisor or on-call staff should be contacted first regarding the suspicion (unless the child is in imminent danger).
2. Call the hotline! *Note: informing a supervisor or team member is not reporting; only a call to the hotline is reporting.*
3. Inform the other team members about the suspicion and the report.

The hotline is staffed by trained professionals around the clock. Be prepared to provide as much of the following information as possible:

- Name, gender, age, and address of (1) the child who is the subject of the report, (2) the child's siblings (if any), and (3) the child's parents or caretaker(s).
- The nature and extent of the abuse and any previous abuse, if known.
- Anything that may shed light on the cause and circumstances of the abuse and the identity of the perpetrator.

By law, you must identify yourself, your occupation and how CFSA can contact you. You must also describe any actions you have taken concerning the child.

Failure to report:

Any person required to make a report (as required by D.C. Code §4-1321.02) and who willfully fails to make such a report shall be fined not more than \$100 or imprisoned for not more than 30 days or both.

Confidentiality

In accordance with D.C. Code §4-1303-06, information gained from, or provided to, and between CFSA, HFTCC, Clients, Providers and any other information which identifies a person or other members of the family or other individuals as being abused or neglected is considered confidential and may only be released or divulged or disclosed as necessary for the identification of abuse or neglect, identification of services needs or resources, or the provision of direct services for the child, family member or other person in accordance with D.C. Code §4-1303-06 and The Health Insurance Portability and Accountability Act of 1996 (Pub. L. No. 104-191, 110 Stat. 1936 (1996)) and its implementing regulations (45 C.F.R. Parts 160 and 164) (HIPAA). Any person who willfully discloses or causes to be disclosed, confidential client information may be subject to criminal and civil penalties as set forth in D.C. Code §4-1303.07.